



# EMSC NEWS



Issue 1

June 1998

## Emergency Medical Services for Children Launches Newsletter

Welcome to the first issue of the EMS for Children newsletter. The aim of this publication is to disseminate information about New Jersey's EMS for Children program as widely as possible. The newsletter will be published periodically to bring the latest developments in EMSC to public attention.

Impetus for the newsletter came from the Emergency Medical Services for Children Advisory Council, which makes recommendations to the Department of Health and Senior Services, Office of EMS on all matters concerning emergency care for children (see related story). The Council thought that a newsletter would be beneficial to all those interested in and concerned for children.

Future plans call for "publishing" the newsletter on the Department's Office of Emergency Medical Services Internet web page (see related story on Page 4), so EMSC information can be more widely available.

If you would like to see specific information about EMSC in future issues, write to OEMS at the address on the back of this newsletter.

## A Brief History of EMSC in New Jersey

New Jersey was the first state to pass EMS for Children legislation and the first to dedicate state funding to continuing EMSC program efforts after federal start-up funding ended. These accomplishments did not happen overnight, but involved large numbers of people and their organizations working over many years to improve the emergency care of New Jersey's youngest citizens. Among these were: Dr. Richard Flyer, the New Jersey Junior Leagues (NJL), the Association for Children of New Jersey (ACNJ), the members of the New Jersey EMS for Children Coalition, members of the Legislature, the New Jersey Chapter of the American Academy of Pediatrics (AAP), the Department of Health and Senior Services and its Office of Emergency Medical Services (OEMS), and the many other public members and members of the healthcare community who worked tirelessly to assure a better future for New Jersey's children.

The EMS for Children Program's enabling legislation was signed into law on September 10, 1992, complementing a Pediatric EMS program which had been established in the Office of EMS, using federal EMSC funding. The comprehensive legislation requires that EMSC become a permanent program with a full-time coordinator and a 14-member advisory council. The scope of the law runs the gamut of care from prevention through prehospital, in-hospital and rehabilitative care. Initial and continuing education for prehospital EMS and emergency department personnel and defining an EMSC system, including standards for equipment, treatment guidelines, and appropriate referrals and transfers for children, are among the program activities to be covered. Current EMS for Children Advisory Council members and their affiliations are: Dr. Frank Briglia (AAP, Critical Care Physician), chairperson, Ms. Carolyn Ferolito (NJL/ACNJ, Parent), vice-chairperson, Ms. Mary Ellen Brock (NJL/ACNJ, Parent), Dr. Frank Cunningham (AAP, Emergency Physician), Dr. Richard Flyer (AAP, Pediatrician), Dr. Thomas Whalen (American College of Surgeons, Pediatric Surgeon), and Mr. Thomas Zarra (MICU Advisory, Paramedic). Ms. Connie Levine and Dr. Alfred Sacchetti, whose appointments are pending, are also attending regularly. Governor's appointments for the other vacancies are expected soon. The Council meets every two months. Ms. Nancy Kelly-Goodstein is EMSC program manager.

## EMSC Grants Awarded to Five Agencies

The Office of Emergency Medical Services, in cooperation with the EMSC Advisory Council, recently reviewed applications for EMSC funding from a number of agencies around the state in response to a Notice of Grant Availability. Funding came from a combination of federal and state EMSC monies. The grants are effective March 1 and run through September 30. A total of \$91,916 was awarded to five successful applicants.

Awardees are:

- ▶ Cooper Hospital University Medical Center - pediatric injury prevention program targeting previously injured children, \$24,916.
- ▶ University Hospital - pediatric injury prevention program targeting previously injured children, \$25,000.
- ▶ New Jersey State Safety Council - pediatric pedestrian safety program in Jersey City schools (pre-K through elementary), \$15,000.
- ▶ Brain Injury Association of New Jersey - "Think First" head and spinal cord injury prevention network (statewide database and program coordination), \$12,000.
- ▶ Raritan Bay Medical Center - pediatric bicycle and pedestrian safety education for children in Perth Amboy, \$15,000.

## A Message from the EMSC Chairperson

In the opening session of the recent National Congress on Childhood Emergencies in Washington, DC, Rodney Slater, U.S. Secretary of Transportation, spoke about the importance of collaborative efforts between the National Highway Traffic Safety Administration (NHTSA) and the federal EMSC program to improve emergency medical services for the nation's children. He stressed three major reasons why collaboration is the key to success, not only at the national level, but at state and local levels as well. The first reason is that it will save time. As more people share their ideas and experiences with EMSC programs, the faster we will work through our problems. Second, collaboration should save money. Implementation of EMSC programs will be more cost-effective the more we understand the work done by others. The third, and most important reason is that collaboration is likely to save thousands of young lives.

New Jersey was fortunate this year to receive a \$75,000 federal EMSC State Partnership grant to help bolster our EMSC efforts. The award allowed the Department of Health and Senior Services and the EMSC Advisory Council to fund a number of EMSC "partnership projects" throughout the state. These grants will advance EMSC's work in injury prevention, outcome studies and rehabilitation.

On behalf of the EMSC Advisory Council, I wish to thank all of the applicants for their sincere interest in improving EMS for Children. For it is through this type of collaborative work that we can help make New Jersey a safer place for kids.

*Frank Briglia, MD, MPH*  
*Chairperson, EMSC Advisory Council*

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## Pediatric Trauma Triage Guidelines Are Adopted

The Pediatric Trauma Triage Guidelines have been adopted by the New Jersey Department of Health and Senior Services. Copies of the guidelines, along with a cover letter and the adult Trauma Triage Protocol, were mailed in December 1997. Nearly 2,000 packets were sent to EMS agencies and advisory groups across the state. The guidelines (see copy on Page 3 of this newsletter) are to be used by prehospital EMS providers, when caring for children 12 years of age or younger, to assist them in determining which children should be transported to the nearest trauma center. The Pediatric Trauma Triage Guidelines supplement the adult Trauma Triage Protocol, which has been in place since 1992. Copies of the protocols also appear on the OEMS web site (see related article on Page 4).

**NEW JERSEY STATE EMERGENCY MEDICAL SERVICES SYSTEM**  
***INTERIM* PEDIATRIC TRAUMA TRIAGE GUIDELINES**

**STATEMENT OF INTENT:** The following pediatric trauma triage *guidelines* are provided to assist in **determining the disposition of children 12 years of age or younger. Use the adult trauma triage guidelines for children older than 12 years of age.** It is understood that these are guidelines only and are to be used, whenever possible, in communication with a base station physician. These guidelines are intended to be utilized in conjunction with clinical judgment.

**STEP I: PHYSIOLOGY (any one of the parameters listed below)**

- AVPU = responsive to voice, pain, or unresponsive
- Evidence of poor perfusion (skin pallor, cool extremities, weak distal pulses, cyanosis/mottling, etc.)
- Heart rate:                child  $\leq$  5 yr old:  $< 80/\text{min}$  or  $> 180/\text{min}$   
                                  child  $\geq$  6 yr old:  $< 60/\text{min}$  or  $> 160/\text{min}$
- Respiratory rate  $> 60$ , or respiratory distress, or apnea
- Capillary refill  $> 2$  seconds (evaluated on warm body part)

**YES**

**TRAUMA  
CENTER**

with ALS  
if available

NO

**STEP II: ANATOMY (any one present)**

- Penetrating injuries (ex. gunshot/stab wounds) to the head, neck, torso or extremities (above the elbow and knee)
- Flail chest
- Difficulty or inability to maintain a patent airway
- Fractures - more than one involving the humerus and/or femur
- Pelvic fractures
- Paralysis or evidence of spinal cord injury
- Amputation above the wrist or ankle
- Burns when combined with other major injuries
- Seat belt mark on the torso

**YES**

**TRAUMA  
CENTER**

with ALS  
if available

NO

**STEP III : MECHANISM OF INJURY (any one present)**

- Ejection from motor vehicle
- Falls  $> 3x$  patient's height
- Extrication time  $> 20$  mins with an injury
- High voltage electrical injury
- Unrestrained passenger in vehicle roll over
- Pedestrian, motorcyclist or pedalcyclist thrown or run over
- Front seat passenger with deployment of air bag (same side)

**YES**

**TRAUMA  
CENTER**

with ALS  
if available

NO

**TO LOCAL HOSPITAL**

## OEMS Web Page

Have you visited the Department of Health and Senior Services web site ([www.state.nj.us/health](http://www.state.nj.us/health)) yet? By clicking on either "Topics A to Z" or "Programs and Services" on the DH&SS home page, you can connect to the Office of EMS page ([www.state.nj.us/health/ems/hlthem.htm](http://www.state.nj.us/health/ems/hlthem.htm)). If you want to know who to contact at OEMS about a particular issue, click on the Departmental page's "Directory" icon and go to "Office of Emergency Medical Services." (At this time, you cannot make a direct connection from the Directory to a program's web page.)

Although the original OEMS web page only described the Office's six major functions, the page has now been greatly enlarged and enhanced. Of highest interest may be general information about the EMS for Children program, as well as copies of both the pediatric and adult trauma triage protocols/guidelines. An "EMS Kid's Page" contains topical information for children and parents. The first topic is bicycle helmets and why they are important, both from a child's and an adult's perspective. If possible, this newsletter will also appear on the OEMS web page.

Information constantly "under construction" includes basic and continuing education training course sites for EMS providers. Overviews of trauma and the trauma centers and other specialized information has also been added. Upcoming will be information on the EMS helicopter response program, and the mobile intensive care programs. Keep watching the page, as new materials will be added regularly.

### 1998 EMSC Council Meetings

July 7  
September 1  
November 10

All meetings are held on Tuesdays at 10 a.m., usually in a 6th Floor Conference Room at 50 East State Street, Capital Center, Trenton NJ. If interested in attending, please call OEMS for the specific time and place.

## EMSC Materials Still Available

The EMSC Program has developed and printed a number of special purpose items. Several of these items are still available, including:



*Pediatric Assessment* (Self-Stick Ambulance Poster (11" x 17") for use in EMS Vehicles)



*Managing Asthma and Allergies at School: Tips for Schoolteachers and Staff* (Reprint of 1995 Publication of the National Institute of Allergy and Infectious Diseases; 30 pages)



*Emergency Care in the School* (11" x 17" Poster for School Nurses; lists pediatric normal vital signs, selected patient management information, and necessary emergency equipment)

Copies of these materials may be requested by writing to OEMS at the address below, by faxing a request to (609) 633-7954, or by calling Nancy Kelly-Goodstein, EMSC Program Manager, at (609) 633-7777.



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